

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	ATE
FEE DETERMINATION	<i>[Signature]</i>	<i>Accepted</i>	<i>9/7/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>48</i>	<i>9/10/99</i>
FORMALITY REVIEW	<i>FR</i>	<i>70029</i>	<i>9/12/99</i>

INDEX OF CLAIMS

2/1/2000

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	9/15/99
2	✓	✓	9/15/99
3	✓	✓	9/15/99
4	✓	✓	9/15/99
5	✓	✓	9/15/99
6	✓	✓	9/15/99
7	✓	✓	9/15/99
8	✓	✓	9/15/99
9	✓	✓	9/15/99
10	✓	✓	9/15/99
11	✓	✓	9/15/99
12	✓	✓	9/15/99
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28	✓	✓	9/15/99
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43	✓	✓	9/15/99
44	✓	✓	9/15/99
45	✓	✓	9/15/99
46	✓	✓	9/15/99
47	✓	✓	9/15/99
48	✓	✓	9/15/99
49	✓	✓	9/15/99
50	✓	✓	9/15/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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